



VIRGINIA BRAIN INJURY COUNCIL

Virginia Brain Injury Council Meeting Meeting Minutes **DRAFT** April 27, 2007

Members Present:

Theresa Ashberry
Nancy Bullock, RN
Helen Butler, RN (Secretary)
Jeanette DuVal

Patricia Goodall
Anne McDonnell (Chair)
Page Melton
Carole Norton, Ph.D.
Susan Rudolph, RN (Vice Chair)
Micah Sherman
Gerald Showalter, Psy.D.
Julie Triplett
Nadia Webb, Psy. D.
Kellie Williams
Jason Young

Family member
Virginia Department of Health
Brain Injury Services of Southwest Virginia
Virginia Department Mental Health, Mental
Retardation, and Substance Abuse Services
Virginia Department of Rehabilitative Services
Brain Injury Association of Virginia
Family member
Professional
The Arc of Greater Prince William
Survivor
Woodrow Wilson Rehabilitation Center
Virginia Office of Protection and Advocacy
Professional
Professional
Virginia Alliance of Brain Injury Service
Providers

Members Absent:

Marianna Abashian
Paul Aravich, Ph.D.
Scott Bender, Ph.D.
Gary Chiaverotti
Tia Campbell, RN, BSN, NCSN
Katherine Lawson
Russell Payne

Michelle Nichols

Paul Sharp, RN, NREMT-P

Brain Injury Association of America
Eastern Virginia Medical School
University of Virginia Health System
Family member
Virginia Department of Education
Virginia Board for People with Disabilities
Virginia Department of Mental Health, Mental
Retardation, and Substance Abuse Services
McGuire Veterans Administration Medical
Center
Virginia Department of Health

Board Staff:

Kristie Chamberlain

Virginia Department of Rehabilitative Services

Meeting Guests:

Jennifer Clarke
Ann Deaton, Ph.D.
Tara Greene
Judith Johnson
Eric Messick
Jamie Bitz
Commissioner James Rothrock

Brain Injury Association of Virginia
Consultant
Brain Injury Association of Virginia
Brain Injury Association of Virginia
Joint Legislative Audit and Review Commission
Joint Legislative Audit and Review Commission
Virginia Department of Rehabilitative Services

CONVENING OF MEETING:

The Virginia Brain Injury Council meeting was called to order at 1:05 p.m. by the Council Chair, Anne McDonnell, MPA, OTR/L. Anne announced that new Council members had attended a Council orientation session immediately preceding the regular quarterly meeting.

PUBLIC COMMENT:

There was no public comment during the scheduled public comment period.

Opening Remarks from James Rothrock, DRS Commissioner:

Commissioner James Rothrock addressed Council members. The following is a summary of his comments and announcements:

- 1) Commissioner Rothrock commended community brain injury service providers who have worked collaboratively with DRS for developing a network of services that continues to expand upon the “footprint” envisioned a few years ago. While attending the national meeting of the Council of the State Administrators of Vocational Rehabilitation (CSAVR), Commissioner Rothrock observed that Virginia is a leader among states in the area of brain injury services and commented that Council members should recognize the accomplishments and progress that has been made due to their hard work.
- 2) The Commissioner commended the funding allocation plan put forth by Jason Young on behalf of the Virginia Alliance of Brain Injury Service Providers. This plan was a “carefully thought out and solid” proposal for allocation of the \$200,000 approved by the General Assembly for existing programs, effective July 1, 2007.
- 3) The Commissioner noted the rise in veterans with brain injury as reported in the news and that, unfortunately, the Virginia Department of Veterans Services is not encountering them as yet. The veterans appear to continue to be treated only through the federal medical and rehabilitation systems. Anne reported there are 12,274 veterans with TBI nationwide as of March 2007, per the Brain Injury Association of America.
- 4) The Commissioner encouraged Council members to learn more about state agencies in order to advance the brain injury services agenda for the benefit of survivors. He suggested the Council create a forum for increasing the knowledge base of Council members in regard to services offered through other state agencies and community partners.

NEW BUSINESS:

Approval of Minutes

Nancy Bullock made a motion to approve the meeting minutes of January 26, 2007; Micah Sherman seconded. The motion passed unanimously.

Approval of Agenda

Susan Rudolph made a motion to approve the meeting agenda of April 27, 2007; Page Melton seconded. The motion passed unanimously.

Annual Council Business Calendar

Helen Butler motioned that a proposed list of “standing” agenda items for quarterly Council meetings be approved, with the addition of standing committee reports; Susan Rudolph seconded. The motion passed unanimously.

Alliance of Brain Injury Service Providers

Jason Young, Chair, reported on the history of the Alliance of Brain Injury Service Providers. He also discussed the Alliance’s proposal for dissemination of \$200,000 in new funding allocated by the General Assembly, effective July 1, 2007. The funds are for distribution to existing programs within the current brain injury services infrastructure. The Alliance had organized and implemented an education plan for Virginia legislators regarding the erosion of funding caused by level funding over several years. Alliance members proposed a three tier plan for distributing the funds. The distribution plan is based upon how long programs have been in existence, as well as how much state funding programs currently receive: programs that received state general funds prior to 2004 are proposed to receive 10%; programs funded as of 2004 will receive 6.5%; and programs funded in 2006 will receive 1%.

Council Chair Anne McDonnell stated that she had appointed a committee to study funding recommendations to be presented to Commissioner Rothrock, per recent budget amendment language passed July 1, 2006. Anne requested feedback from Council members, particularly the committee members, on the VABISP proposal. Feedback appeared to be unanimously positive. **Susan Rudolph made a motion that Council endorse the VABISP funding proposal as presented, with an amendment to correct a typographical error (from 6% to 6.5%); Nadia Webb seconded. The motion passed unanimously.**

Council Disclosure and Ethics Statements

Kristie Chamberlain, Council Staff, announced that the Department of Rehabilitative Services was requesting all Council members to disclose financial information which may unduly influence Council member’s representation of constituents. Members will be asked to fill out a financial disclosure form annually to fill out the forms.

The Freedom of Information Act (FOIA) was reviewed briefly for new members and a quick refresher provided for other members. Information on FOIA for DRS information is available on its website at <http://www.vadrs.org>. Elizabeth Smith (elizabeth.smith@drs.virginia.gov) of DRS is the contact for any FOIA requests involving the Council.

All DRS Boards and Councils are required to take part in both the financial disclosure statement as well as the conflict of interest/ethics training. Therefore, voting members were asked to complete an independent study packet (a PowerPoint presentation on-line) covering conflict of interest and ethics issues. Once completed, voting members are asked to sign a written statement testifying that they have completed the on-line training. Voting member who want a hard copy mailed to them (versus e-mail) should contact Kristie.

Virginia Brain Injury (BI) Action Plan

Ann Deaton, Ph.D. reported on the progress of the update of Virginia’s BI Action Plan for 2007-2012. To date, 35 surveys have been received. Of the 35 surveys, one-third is from survivors and

one-quarter from family members / caregivers. Ann stated that the next step in updating the Action Plan is to identify specific goals to be achieved by 2012. Dr. Deaton is scheduling phone interviews with various people in the brain injury community to gather information regarding identification of specific goals. Dr. Deaton emphasized that she will emphasize that the goals should be measurable.

Announcement

Patti Goodall announced that Woodrow Wilson Rehabilitation Center received a Commonwealth Neurotrauma Initiative (CNI) Trust Fund grant to research, develop, and implement a substance abuse treatment center for individuals with brain and spinal cord injury on their campus. As part of the grant initiatives, Dr. Fred Capps, Ph.D., the Principal Investigator of the grant, will be holding focus groups to gather information on what the community (survivors, family members, caregivers, professionals) would like to see as components of an inpatient treatment program. Patti announced that she is working with the Regional Resource Coordinators of the Brain Injury Association of Virginia and DRS Substance Abuse Counselors to coordinate the focus groups. She asked that service providers interested in participating should contact her.

OLD BUSINESS

Committee Reports:

Neurobehavioral Services Committee:

Dr. Paul Aravich, Chair, did not submit a formal written report (and was not in attendance at the meeting). Patti Goodall noted that the Committee had held numerous phone conference calls and a day-long face-to-face meeting hosted by Dr. Harvey Jacobs in Richmond (on a Saturday). One of the Committee members reported that much progress had been made on the white paper that is being prepared by the Committee.

Veterans Affairs Committee:

Anne McDonnell, Chair, provided an update on the work of the Veterans Affairs Committee including work with the McGuire Veterans Medical Center, targeted outreach to the military, and the formation of a white paper to include recommendations to the Commissioner of the Department of Rehabilitative Services for him to pass along to the VA Department of Veterans Services. Content of the white paper should be included in the statewide Brain Injury (BI) Action Plan and the Council's annual report.

Anne asked for input from Council members on how to serve veterans in the community. Nadia Webb suggested partnering with the Red Cross as veterans are worried about what information gets put in their file which they feel may adversely affect their future career in the military. Jason Young suggested brain injury service providers seek opportunities for grant funding to sponsor veterans' attendance at clubhouse programs which would provide some case management services and a transition program prior to returning to employment. In addition, Jason suggested seeking the approval of or a legislative appointment of a state level "czar" to help integrate veteran's services and community-based programs. Helen Butler suggested seeking ways to extend medical benefits after the veteran has been through a military "medical board" (i.e., medical evaluation and determination of disability, if any) because the veteran may be denying symptoms of brain injury in order to return to their homes sooner.

Kelli Williams, Jeanette DuVal and Susan Rudolph expressed interest in joining the Veterans Affairs Committee. Anne stated that the Veterans Committee should probably consider breaking into smaller “subcommittees” to assist in the preparation of the white paper. A full report of the Veterans Affairs subcommittee follows the meeting minutes.

Council Composition Committee:

Page Melton, Chair, reported the following recommendations of the Committee:

- Size of Council: The Committee recommended that the size of the Council remain as it is now. The committee felt that sixteen (16) voting members is an appropriate and “workable” number. The actual membership will depend on how members are categorized. Currently, there are 15 voting members because one member fills both a standing and an at-large position.
- Voting status of members: The Committee recommended that there continue to be voting and non-voting members of the Council. Voting members would continue to be bound by attendance and conflict of interest requirements.
- Descriptions of Council members: The Committee recommended that at-large membership be defined more broadly, i.e., “family member,” “survivor” or “health-care professional.” The committee affirmed diversity - ethnicity, geography, professions / disciplines, and also in experiences and perspectives – as a critical goal.
- Breakdown of voting Council members: The Committee recommends the following allocation of member slots:
 - a. 3 *Standing Member Positions*, permanent, designated members of the Council that include the following three (3) organizations: the Brain Injury Association of America (BIAA); the Brain Injury Association of Virginia (BIAV); and the Virginia Alliance of Brain Injury Service Providers (VABISP). Per current bylaws, “If a standing member is elected to an officer position, the organization has the option to fill the standing member position with a new designee.”
 - b. *Up to 13 At-Large Members*. Of this group, the committee recommends:
 - i. Six (6) shall be individuals who have sustained a brain injury (survivors), family members, caregivers, or representatives of individuals with a brain injury. Of these six members, at least two (2) shall be individuals who experience disability as a result of an acquired brain injury.
 - ii. Three (3) shall be individuals who are licensed, registered, or certified in a healthcare profession, and shall include at least one individual who works in a program funded by state general funds;
 - iii. One (1) shall be an individual affiliated with a hospital or health-care system; and
 - iv. Three (3) shall be individuals who are not affiliated with any specialized brain injury program.
- Appointment of Council members: The Committee recommended that Council members be appointed by the Commissioner of the Virginia Department of Rehabilitative Services, to whom the Council reports. This change in current practice will change the nature/responsibility of the Nominations and Elections Committee. The Committee will continue to carry out its functions as a Nominations and Elections Committee (solicit nominations of candidates and prepare a slate to be voted upon by the Council). The Committee-voted slate will then be presented to the Commissioner for consideration of appointments.

Julie Triplett expressed concern regarding the composition of the family/survivor category. Julie recommended the Committee consider an expansion of the number of survivors and that at least one person with a visual impairment related to a brain injury be included. Micah Sherman's mother, Pam, stated that many survivors have difficulty being able to participate fully in the proceedings of the Council and that she wants individuals on the Council who know how to make things better – that the Council should look at what skills are needed and recruit people with those skills rather than simply recruiting survivors for the sake of having survivors on the Council. Micah agreed with her comment. Page Melton also commented that, as a family member of a person with a brain injury, she had learned a lot by serving on Council but that she felt that Council needed to have a good balance of experienced, knowledgeable people as well as survivors and family members who can acquire the skills necessary to participate meaningfully. Many members agreed that the participation and “voice” of survivors and family members must be included, but many felt comfortable with the Committee's recommended numbers.

Susan Rudolph motioned that the Council approve the Council Composition Committee's recommendations; Julie Triplett seconded. The motion passed unanimously.

Federal TBI Act Grant Update:

Jennifer Clark from the Brain Injury Association of Virginia presented a Year One summary of activities related to the goals of the federal Traumatic Brain Injury (TBI) grant (data, advocacy, capacity building, education, and outreach). A full report follows the meeting minutes. A link will also be provided on the BIAV website at <http://www.biav.net>.

ADJOURNMENT OF MEETING:

Anne McDonnell, Chair, adjourned the meeting at 4 p.m.

Respectfully submitted by Helen Butler, RN, Secretary

SUBCOMMITTEE REPORTS:*Council Composition**Veterans Affairs**State of States Federal Grant: BIAV/DRS***APRIL 27, 2007 MEETING**

COUNCIL COMPOSITION SUBCOMMITTEE

The Council Composition Committee discussed our charge, reviewed responses to a Council Composition survey, and debated various strategies to updating the Council makeup. The following recommendations reflect a desire to ensure meaningful participation by survivors and family members, by providers and health-care professionals, and by community participants who bring experiences from outside what might be considered the “traditional” brain injury support and provider community.

Regarding the task of recommending changes/adjustments to the Virginia Brain Injury Council membership, we recommend the following:

- 2) **Size of Council.** The Committee is recommending that the size of the Council remain as it is now: no more than 16 potential members as an appropriate and workable number. The actual membership will depend on how members fit various categories; currently there are 15 members because of overlap in a standing and at-large position.
- 3) **Descriptions of Council members.** The Committee is recommending that, rather than setting rigid descriptions for filling specific council slots, membership instead be defined by broader descriptions, i.e. “family member,” “survivor” or “health-care professional.” We hope that as part of the appointment process, there are goals of diversity – in race, in geography, in disciplines and in experiences and perspectives.
- 4) **Voting status of members:** The committee is recommending that there continue to be voting and non-voting members of the Council. Voting members would continue to be bound by attendance requirements. We see a critical need for further outreach, education and engagement to ensure that non-voting members are actively involved in Council activities.
- 5) **Breakdown of voting Council members:** The Committee recommends the following allocation of member slots:
 - a. **3 Standing Member Positions**, permanent, designated members of the Council that include the following three (3) organizations: the Brain Injury Association of America (BIAA); the Brain Injury Association of Virginia (BIAV); and the Virginia Alliance of Brain Injury Service Providers (VABISP). Per current bylaws, “If a standing member is elected to an officer position, the organization has the option to fill the standing member position with a new designee.”
 - b. **Up to 13 At-Large Members.** Of this group, the committee recommends:
 - i. *Six* (6) shall be individuals who have sustained a brain injury (survivors), family members, caregivers, or representatives of individuals with a brain injury. Of these six members, at least two (2) shall be individuals who experience disability as a result of an acquired brain injury.

- ii. Three (3) shall be individuals who are licensed, registered, or certified in a healthcare profession, and shall include at least one (1) individual who works in a state-funded program;
- iii. One (1) shall be an individual affiliated with a hospital or health-care system; and
- iv. Three (3) shall be individuals who are not affiliated with any specialized brain injury program.

6) Appointment of Council members: The Committee is recommending the Council members be appointed by the commissioner of the Department of Rehabilitative Services, to whom the Council reports. This change in current practice will have the effect of changing the nature/responsibility of the Nominations and Elections Committee.

VETERANS AFFAIRS SUBCOMMITTEE:

1. Despite several attempts to get in touch with Becky Fox, the VISN 6 (Veterans Integrated Service Network for the Mid-Atlantic region) coordinator, the Chair still not heard back from her.

2. Jennifer (the Brain Injury Association of Virginia [BIAV] statewide resource coordinator) is in regular contact with Michelle Nichols, the Education Coordinator at the VA and is really encouraging her to attend the April VBIC mtg. BIAV has been working with Michelle to get a resource library up and running. Christine (an employee of BIAV) has been invited to participate once a month in a group for family members on resources that are available in Virginia, and how to find resources in other states. The Chair of the committee, Anne, is hoping it will lead to Christine to assisting with conducting a support group for families, but BIAV is taking that slow.

3. BIAV is developing a flyer specifically aimed at members of the military that provides information about signs and symptoms of BI and where to turn for help. They will be using that for on outreach campaign to Army and National Guard reservists, who frequently get overlooked when it comes to the their health care needs post deployment.

4. BIAV has contacted the COO and the Director of Communications for the Virginia Department of Veterans Services (4/2/07), whom they met during the Richmond Town Hall meeting on VA services. They had indicated they were very interested in providing some education to their staff about BI; BIAV hasn't heard back from them yet.

5. Gary Chiaverotti had provided several Anne (Chair) with the names of individuals he's made contact with through the helmet giveaways of the Lynn Fund. Anne has not contacted them yet. Anne is waiting to see how to proceed due to the delay in contacting them.

6. Earlier this month, the Department of Veterans Affairs officials announced it will begin screening all Iraq and Afghanistan war veterans receiving veterans' medical care for TBI beginning at all 155 medical centers.

As Chair, Anne is really interested in anything the council or the subcommittee can think of to involve this subcommittee in these efforts. BIAV is committed to continuing these activities as

part of our mission and grants/contracts, but she would like Council Members and the subcommittee specifically to feel like they have an important role to play as well.

YEAR ONE SUMMARY FOR BRAIN INJURY ASSOCIATION OF VIRGINIA (BIAV) STATE OF STATES (SOS) FEDERAL GRANT

Goal One: DATA

- Registry Study with DRS to investigate process improvements and data analysis underway.
- Prepared to submit questions to the Virginia Department of Health's annual Behavioral Risk Factor Surveillance Survey - next call for proposal in August/September 2007
- Evaluated grant activities through satisfaction surveys, pre/post tests, and training evaluations; from a sample of results, 95% of attendees at workshops and presentations said they gained new skills/ideas from the session

Goal Two: ADVOCACY

- First Advocacy Academy training for individuals with brain injury and family members at the Mill House in April 2007 (15 members and 2 staff attended); BIAV has 7 more Advocacy Academy trainings scheduled with the Virginia Office for Protection and Advocacy around the state in the next five months
- Advocated with the Alliance at the Virginia General Assembly and Legislative Breakfast in January 2007
- Met with all Virginia Congressmen and Senators during the Brain Injury Association of America's Brain Injury Legislative Day in March 2007 to advocate for increased federal funding in Departments of Defense, Education and Health and Human Services for brain injury related services.

Goal Three: CAPACITY BUILDING

- In the process of revising the State Action Plan
- The Council has taken several steps toward becoming fully codified: DRS was instructed to consider recommendations from the Council about funding; the Council attended a retreat and modified its mission and vision; committee formed to make recommendations about composition of members
- The Council and DRS have discussed holding a state agency summit to strengthen relationships and encourage participation in the Alliance and the Council

Goal Four: EDUCATION

- Over 420 pieces of specialized material about brain injury were given to professionals
- Over 540 professionals received training through presentations and workshops
- Helped the McGuire VA Hospital set up a Brain Injury Resource Library; began leading some of the McGuire VA's family education classes in March 2007
- Over 100 people attended BIAV's annual conference in November 2006
- BIAV sent a quarterly newsletter to over 2,400 people around the state; has designed a new website; and has expanded our resource library

Goal Five: OUTREACH

- Four articles translated into Spanish by the end of May
- Worked to coordinate a Brain Injury 101 Workshop in Spanish with Cross Over Ministry and VCU/MCV faculty for November 2007

- Five educational articles sent to the Virginia Council on Indians, researched up coming Pow Wows
- Provided brain injury related materials to four public events (e.g. fall holiday event; community festival for children with special needs; and a health and housing fair)
- BIAV staff attended multiple educational trainings, conferences, and classes (e.g. Building Cultural Competency; the Virginia Department of Health & VA Dept. of Emergency Management's Community Based Emergency Response Seminar: Preparing For All Abilities; Grantee meeting; the Brain Injury Association of Maryland's annual conference)